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PTO/SB/05 (08-00)
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12/28/01 131 U.S. PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL <small>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>		Attorney Docket No. P-4052-US First Inventor or Application Identifier VINITZKY, Gil Title BIT-REVERSED INDEXING IN A MODIFIED HARVARD DSP ARCHITECTURE Express Mail Label No.
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APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning patent application contents</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 12] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]</p> <p>5. Oath or Declaration [Total Pages 2]</p> <p>a. <input checked="" type="checkbox"/> Unexecuted (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper </p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
ACCOMPANYING APPLICATION PARTS		
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement(IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input type="checkbox"/> Return Receipt Postcard (MPEP 5303) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Postcard Other: _____</p>		

17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____ / _____
Prior application information: Examiner Group/Art Unit: _____

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code		<i>(Insert Customer No. or Attach bar code label here)</i>				<input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below
Name	Eitan, Pearl, Latzer & Cohen-Zedek					
Address	One Crystal Park, Suite 210, 2011 Crystal Drive					
City	Arlington	State	VA	Zip Code	22202-3709	
Country	USA	Telephone	(703) 486-0600	Fax	(703) 486-0800	

Name (Print/Type)	Caleb Pollack	Registration No. (Attorney/Agent)	37,912
Signature			Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	VINITZKY, Gil
Examiner Name	
Group / Art Unit	
Attorney Docket No.	P-4052-US

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **05-0649**
 Deposit Account Name **Eitan, Pearl, Latzer & Cohen-Zedek**
 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from Below	Fee Paid
Total Claims	-20** =	X	=
Independent Claims	-3** =	X	=
Multiple Dependent	X	=	

Large Entity Fee Code	Small Entity Fee Code	Fee Description
103	18	203
102	84	202
104	280	204
109	84	209
110	18	210
		9
		Claims in excess of 20
		Independent claims in excess of 3
		Multiple dependent claim, if not paid
		** Reissue independent claims over original patent
		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath
127	50	227	25 Surcharge - late provisional filing fee or cover sheet.
139	130	139	130 Non-English specification
147	2,520	147	2,520 For filing a request for ex parte reexamination
112	920*	112	920* Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action
115	110	215	55 Extension for reply within first month
116	400	216	200 Extension for reply within second month
117	920	217	460 Extension for reply within third month
118	1,440	218	720 Extension for reply within fourth month
128	1,960	228	980 Extension for reply within fifth month
119	320	219	160 Notice of Appeal
120	320	220	160 Filing a brief in support of an appeal
121	280	221	140 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive - unavoidable
141	1,280	241	640 Petition to revive - unintentional
142	1,280	242	640 Utility issue fee (or reissue)
143	460	243	230 Design issue fee
144	620	244	310 Plant issue fee
122	130	122	130 Petitions to the Commissioner
123	50	123	50 Petitions related to provisional applications
126	180	126	180 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per property (times number of properties)
146	740	246	370 Filing a submission after final rejection (37 CFR 1.129(a))
149	740	249	370 For each additional invention to be examined (37 CFR 1.129(b))
179	740	279	370 Request for Continued Examination (RCE)
169	900	169	900 Request for expedited examination of a design application

Other fee (specify) _____

• Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print /Type)	Caleb Pollack	Registration No. (Attorney/Agent)	37,912	Telephone	(703) 486-0600
Signature	Date December 26, 2001				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.